

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
Bureau of Health Care Eligibility
1 West Wilson Street
PO Box 309
Madison WI 53701-0309

TO: Medicaid Eligibility Management Handbook Holders
FROM: Cheryl McIlquham, Director
Bureau of Health Care Eligibility

RE: Medicaid Eligibility Management Handbook Release 03-02
DATE: April 1, 2003

EFFECTIVE DATE

Release and effective dates are on each page in the upper left-hand corner. The first is the release date; the second is the effective date. Policy changes are noted with a vertical line. Deletions are noted with a horizontal line.

Implement the instructions at application, review, and change, or, if you wish, earlier. If there is a different effective date or implementation schedule, it will be noted below.

The following changes are included in this release:

CHANGES

- | | |
|--------------------|---|
| 3.1.15.1 | Claimed fathers need to be referred to Child Support Agency (CSA). |
| 3.1.15.2, 3.1.15.3 | Do not refer acknowledged or adjudicated fathers to the CSA. |
| 5.2.5 | In release 03-01 the bottom line on page 2 did not print correctly. Pages 1 and 2 have been included in this release to be sure that all text was included. |
| 14.5.0 | Effective 1/1/03, the average nursing home private pay rate, used to determine the length of MA divestment penalty periods, was increased from \$4,292 to \$4,542. This change was communicated in Ops Memo 03-05.

The example was changed to reflect the change in the average nursing home private pay rate. |
| 15.1.0 | Prorated income was moved to 15.6.1.1, as part of the budgeting technique section. |
| 15.3.3 | Health Insurance Premiums were added to the list of examples of medical expenses that could be determined a Medical/Remedial Expenses (MRE). |

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Medical services received before a client became eligible may be considered as an MRE for purposes of meeting a Medicaid (MA) deductible. (Past medical bills cannot be used for MAPP premium calculations).

15.3.4 Clarification was provided that Impairment Related Work Expenses (IRWE) cannot be reimbursable by a legally obligated third party such as MA, private insurance or the client's employer. If an anticipated IRWE is later paid by an unanticipated source it is allowable.

An example was also provided.

15.6.0 Clarification was provided on how to budget prospective income.

The income prorating section was moved to be with other budgeting techniques.

15.6.1.2 A new section was added on fluctuating income.

15.6.1.2 Clarification was provided on appropriate budgeting techniques for applicants of MA.

Examples were also provided.

19.9.0 The section on Presumptive Eligibility was moved to appendix 26.4.0.

20.8.1, 20.8.2 Clarification was provided that medical bills written off through bankruptcy cannot be applied to a deductible.

Past medical bills may be applied to a client's deductible if the bill is for an individual that could have been counted in the clients FTG or FFU. The medical bill can be used even if the family member is no longer living or no longer in the current FTG or FFU.

An example was also provided.

20.8.3 A sentence was added instructing clients to make checks or money orders for deductible prepayments payable to: "The Department of Health and Family Services."

20.14.0 Clarification was provided on how to calculate a deductible for a client that dies during the deductible period.

23.6.0 The community spouse income allocation excess shelter amounts changed from \$1,990.00 to \$2,020.00 and \$597.00 to \$606.00. The family member income allowance amount increased to \$505.00.

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24.3.0	SeniorCare was added to the list of limited benefit MA subprograms.
24.4.0	Descriptions of two covered services were changed to match the yet to be published "Eligibility and Benefits" (PHC 10025) pamphlet for recipients.
24.4.1.3	<p>A section on transportation to out-of-state providers was added.</p> <p>Policies were clarified on when an ESA may request documentation of a MA covered service prior to reimbursing related transportation expenses.</p>
26.4.0, 26.4.1, 26.4.2,	A section on Presumptive Eligibility for Pregnant Women was added to the Healthy Start appendix.
27.1.1, 27.2.0, 27.3.1, 27.5.1, 27.6.1, 27.7.0, 27.8.2, 27.9.2	References to Additional Low-Income Medicare Beneficiary (ALMB) were removed. Federal authorization for this Medicare benefit category ended on December 31, 2002.
27.1.1	Clients eligible for QMB will receive a forward card even if s/he is not eligible for any other subprograms of MA.
27.1.1	The Qualified Medicare Beneficiaries (QMB) Retroactive Coverage form is no longer used in to backdate QMB.
30.5.1	This table was updated to reflect cost-of-living adjustment in January 2003. The cost of living adjustment changed \$1,105 to \$1,114.
28.4.0, 30.6.0, 30.14.0	<p>Effective 3/1/03, the following income limits changed based on FPL Changes:</p> <ul style="list-style-type: none">• Healthy Start for pregnant women, children under 6, and children 6 through 18.• BadgerCare income limits and premium payment limits.• MAPP income limits and premium payment limits.• SeniorCare income limits for each level.
33.2.0	MAPP was automated in CARES in January 2002. Use CARES to determine and certify eligibility for MAPP.
33.2.2	Clarification was provided on how to determine eligibility for a Medicaid Purchase Plan (MAPP) applicant whose spouse chooses not to disclose or verify assets.

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If a spouse of a MAPP applicant chooses not to disclose or verify assets, the case may fail for a higher Medicaid subprogram and still cascade to MAPP eligibility.

- 33.3.0 Clarification was provided that there is no maximum age limit for MAPP.
- 33.3.1 Instructions were provided to follow the rules in section 5.6.0 on when to review disability determinations for MAPP.
- 33.3.3 Information was added on what steps need to be taken when a MAPP client is in the sixth month of a work exemption.
- 33.3.4 Clarification was provided on the duration of Health Employment Counseling Program (HEC).

Clarification was provided on what to do if a HEC counselor has not provided a determination within 30 days
- 33.4.1 The client should be informed that s/he has the right to file a fair hearing if a Health Employment and Counseling Program is not approved.
- 33.3.4.2 A participant can extend a HEC period by contacting HEC to request an extension.
- 33.4.1.1 Clarification was provided on which assets can be exempted in a MAPP independence account.

An example was also provided.

Clarification was provided on deposits a client may make in an independence account without penalty.
- 33.5.1 Clarification was provided that past medical expenses are not allowed as a Medical Remedial Expenses (MRE) or Impairment Related Work Expenses (IRWE) for MAPP.

Clarification was provided on when disregards may be used for premium calculations and eligibility determinations.
- 33.5.1.1 Clarification was provided on when to apply penalties for excess deposits in Independence Accounts.
- 33.5.2 An example was added explaining how to process a request for MAPP in future months.
- 33.5.7 Clarified an example on how to process a MAPP applicant's request to "opt out" of MAPP.

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Clarification was provided that a MAPP applicant's decision to "opt out" does not affect other family member's eligibility for MA or MA related Programs.

- 33.6.0 Restrictive re-enrollment periods are tied to non-payments of premiums only. Restrictive re-enrollment periods do not apply to recipients who have not met HEC requirements.
- 33.7.1 A section was added on how to process changes that result in reduced premiums or no premiums.
- The effective date of a change that results in a reduced premium or no premium is the month of change or the month of report, whichever is later.
- 37.3.0 Documentation of power of attorney and guardianship, was added as a mandatory verification item.
- Clarification was provided on when physician certification is a required mandatory verification item.
- 37.3.1 Requirements for Social Security Numbers was clarified.
- 37.3.7 The documentation required for power-of-attorney and guardianship is explained.
- 37.4.0 A minor applicant that reports that s/he is living alone is questionable information that must be verified. This does not apply to minors applying solely for Family Planning Waiver (FPW).
- 42.4.0 Two exceptions exist to non- financial requirements (40.2.0) for applicants of FPW related to Medical Support Liability and Third Party Liability.

Handbook Maintenance

1. Appendix Table of Contents: Replace pages 11 – 16 and 21 - 35 with the new pages.
2. Appendix 3.0.0: Replace page 1 – 4 with the new pages.
3. Appendix 5.0.0: Replace pages 1 – 2 with the new pages. Remove the "Request for Medicaid Presumptive Disability Decision" from the end of appendix 5.0.0.
3. Appendix 14.0.0: Replace pages 9 – 10 with the new pages.
4. Appendix 15.0.0: Remove the current appendix and replace with the new one.
5. Appendix 19.0.0: Replace pages 13 – 15 with page 13.

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6. Appendix 20.0.0: Replace pages 11 – 18 with pages 11 – 19.
7. Appendix 23.0.0: Replace pages 7 – 12 with the new pages.
8. Appendix 24.0.0: Remove the current appendix and replace with the new one.
9. Appendix 26.0.0: Replace pages 1 – 4 with pages 1 – 6.
10. Appendix 27.0.0: Remove the current appendix and replace with the new one.
11. Appendix 28.0.0: Replaces pages 3 – 4 with the new pages.
12. Appendix 30.0.0 Replace 30.5.0, 30.6.0, and 30.14.0 with the new pages.
13. Appendix 33.0.0: Remove the current appendix and replace with the new one.
14. Appendix 37.0.0: Remove the current appendix and replace with the new one.
15. Appendix 41.0.0: Replace pages 5 – 28 with pages 5 – 30.
16. Appendix 42.0.0: Remove the current appendix and replace with the new one.
17. Forms: Replace the following:
 - Pages 1-3 of the Form Table of Contents.
 - DES 2228 with HCF 10095
 - DES 2228A with HCF 10096
 - DES 2331 with HCF 10103
 - DES 2363 with HCF 10107
 - DES 3030 with HCF 10108
 - DES 3071 with HCF 10112
 - DWS 13040 with HCF 10120
 - DWS 13041 with HCF 10121
 - DWS 13039 with HCF 10127
 - DES 2339 with HCF 13038